

Dental Examination: How much is enough?

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Current Policy

- All service members required to have an annual dental examination
 - Visual/tactile exam of all tooth surfaces
 - Periodontal probing exam
 - Radiographs, as needed
- Treatment plan—recorded in dental treatment record (DTR)

Dental Treatment Record

- Planned treatment charted in pencil
- As treatment is completed planned treatment is erased and charted in ink
- No explicit diagnoses are recorded

SF 603

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8. RESTORATIONS AND TREATMENTS (Completed during service)		9. SUBSEQUENT DISEASES AND ABNORMALITIES																																																																																	
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PERIODIC ORAL EVALUATION BP ___ / ___ PSR BWX ___ PAX ___ PANX ___ SOFT TISSUE WNL: Yes / NO CAVITY RISK: Low Mod High TOBACCO: No Smoke Chew Both																																																																																			

Dental Fitness Classifications (DFC)

- DFC 1 - No treatment required (worldwide deployable)
- DFC 2 - Need for non urgent routine treatment. Not expected to cause a dental emergency in 12 months (worldwide deployable)
- DFC 3 - Dental condition that will likely cause a dental emergency within 12 months (non deployable)
- DFC 4 - No examination documented within the past 12 months (non deployable)

Benefits of Annual Exam

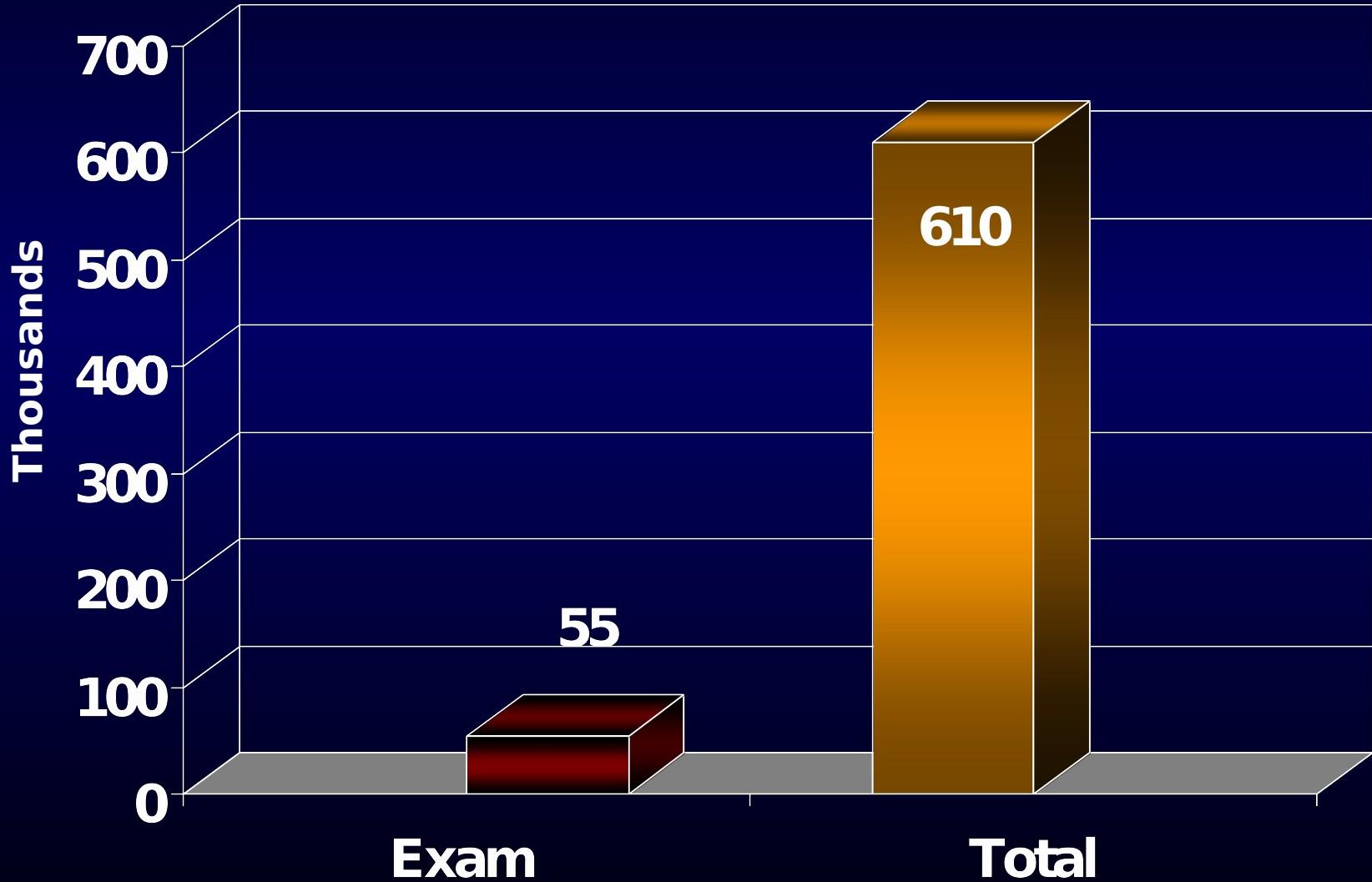
- Document current dental treatment needs
- Oral cancer screening
- Increase Soldier's health awareness
- Promote healthy lifestyle practices

Why is This Important ?

- Dual mission of the Army Dental Care system
 - Health of the individual
 - Readiness of the force
- Cost/efficiencies
- Leveraging new data systems

Dental Procedures

MARCH 06



Dental Production in \$'s

MARCH 06



Unmet Treatment Needs

- 1,119,000 DFC 2 procedures awaiting treatment
- 30,325 **DFC 3** procedures awaiting treatment

Issue to the Board

- 54,692 exams performed in one month
- 28% only needed a routine prophylaxis
 - Was this exam necessary?
- 3-5% were DFC 3 after exam
 - Should they have been examined sooner?
- Can we identify those at higher or lower risk and plan accordingly?

Future initiatives

- AHLTA
Armed Forces
Health
Longitudinal
Technology
Application
- Formerly CHCS II

Proposed Solution

- Customized risk assessment algorithm
- Integration with AHLTA to automatically assign recall period based on risk
 - Low risk recall period two years?
 - Medium risk recall in one year?
 - High risk recall in six months?

Discussion



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